

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

22581 USPTO
10/7/03
110503Attorney Docket No. **100/07934**First Inventor or Application Identifier **Th o T. Nikiforov**Title **Assay Methods and Syst ms**Express Mail Label No. **EL544598820US****APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>	a. <input type="checkbox"/> Computer Readable Copy	
	b. <input checked="" type="checkbox"/> Specification Sequence Listing on	
	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
	ii. <input checked="" type="checkbox"/> Paper	
	c. <input checked="" type="checkbox"/> Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets 22	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
<input checked="" type="checkbox"/> Oath or Declaration	Total Pages 2	10. <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
a. <input type="checkbox"/> Newly executed (original or copy)		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
b. <input type="checkbox"/> Unexecuted Oath or Declaration		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations(15)
c. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i>		13. <input type="checkbox"/> Preliminary Amendment
i. <input type="checkbox"/> DELETION OF INVENTOR(S)		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
		16. <input type="checkbox"/> Other _____
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		

17 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

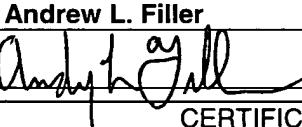
 Continuation Divisional Continuation-in-Part (CIP) of prior application No: **10/057,812**Prior application information: Examiner **Jeffrey Siew** Group/Art Unit: **1637**

For CONTINUATION OR DIVISIONAL only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5c, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021569	or	Correspondence Address below <i>(Insert Customer No. or Attach bar code label here)</i>
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Name			
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City		State	
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			Fax

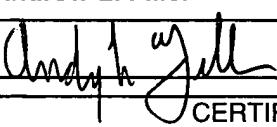
Name	Andrew L. Filler	Registration No.	44,107
Signature		Date	11-5-03

CERTIFICATE OF EXPRESS MAILING under 37 CFR 1.10Express Mail Label No: **EL544598820US** Date of Deposit **November 5, 2003**

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Typed Name of Person Mailing Paper or Fee **Michelle Chan** Signature 

FEE TRANSMITTAL for FY 2004 <i>Patent fees are subject to annual revision</i>		Complete if Known			
		Application Number			
		Filing Date		H r with	
		First Named Inventor		Th o T. Nikif rov	
		Examiner Name		Jeffrey Siew	
Group/Art Unit		1637			
TOTAL AMOUNT OF PAYMENT	\$914	Attorney Docket No.	100/07934		

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
Check	Credit Card	Money Order	Other	Large Entity Fee	Small Entity Fee	Entity Fee Description	Fee Paid
<input checked="" type="checkbox"/> Deposit Account:	03-0177			1051	130	2051	65 Surcharge - late filing fee or oath
Deposit Account Number	Caliper Technologies Corp.			1052	50	2052	25 Surcharge - late provisional filing cover sheet
Deposit Account Name				1053	130	1053	130 Non-English specification
The Commissioner is authorized to: (check all that apply)				1812	2520	1812	2520 For filing a request for <i>ex parte</i> reexamination
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments				1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application				1805	1840*	1805	1840* Requesting publication of SIR after Examiner action
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account				1251	110	2251	55 Extension for response within first month
FEE CALCULATION							
1. BASIC FILING FEE							
Large Fee Code	Entity (\$)	Small Entity Fee Code	Fee Description	Fee Paid			
1001	770	2001	385 Utility filing fee	770			
1002	340	2002	170 Design filing fee				
1003	530	2003	265 Plant filing fee				
1004	770	2004	385 Reissue filing fee				
1005	160	2005	80 Provisional filing fee				
SUBTOTAL (1)				770			
2. EXTRA CLAIM FEES							
Total claims	28 -20** =	8 x	Fee from below	Fee Paid			
Independent Claims	3 -3** =	0					
Multiple Dependent							
Large Fee Code	Entity (\$)	Small Entity Fee Code	Fee Description	Fee Paid			
1202	18	2202	9 Claims in excess of 20				
1201	86	2201	43 Independent claims in excess of 3				
1203	280	2203	140 Multiple dependent claims, if new				
1204	84	2204	42 **Reissue independent claims over original patent				
1205	18	2205	9 **Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)				144			
*or number previously paid, if greater; For Reissues, see above							
*Reduced by Basic Filing Fee Paid							
SUBMITTED BY				Complete (if applicable)			
Typed or Printed Name	Andrew L. Filler			Reg. Number	44,107		
Signature				Date	11-5-03		
CERTIFICATE OF EXPRESS MAIL under 37 CFR 1.10							
Express Mail Label No:	EL544598820US			Date of Deposit	November 5, 2003		
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Signature Michelle Chan Typed Name of Person Mailing Paper or Fee Mich II Chan